



WILL COUNTY REGIONAL OFFICE OF EDUCATION

116 N. CHICAGO STREET, SUITE 400 • JOLIET, ILLINOIS 60432
• PHONE: (815) 462-5400 • FAX: (815) 462-5402 • WWW.WILLROE.ORG
Dr. Lisa Caparelli – Ruff, *Regional Superintendent* Dr. John W. Sparlin, *Assistant Regional Superintendent*

DELEGATION OF AUTHORITY

**PURSUANT TO SECTION 18, ARTICLE II, OF THE JUVENILE COURT ACT OF 1987,
705 ILCS 405/2-18(4)(a)**

I, _____ (Executive Director/Administrator) do hereby assign and delegate to _____, (Director of School Records) full and complete authority to certify any and all writings, log entries, records, hereafter subpoenaed by the People of the State of Illinois pursuant to Section 705 ILCS 405/2-18(4)(a) of the Juvenile Court Act of 1987.



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CERTIFICATION OF RECORDS

**PURSUANT TO SECTION 18, ARTICLE 11
OF THE JUVENILE COURT ACT OF 1987, 705 ILCS 405/2-18(4)(a)**

I, _____ (Director of School Records), certify that the attached Student Attendance Report (i.e. any additional communication logs, supporting documents similar to that the Truancy Office provided the State at the time of request for Truancy Petition filing) for _____ (student's name) from _____ to _____ (date range of documents) has been made in the regular course of business of _____ (school name), that it/they was/were generated at the time of the acts, transactions, occurrences or events, or within a reasonable time thereafter, and that it is the full and complete record of _____ (student's name) attendance at _____ (school name) from _____ to _____ (date range).

(Name)

Director (Title)

Working with Our Communities to Support Student Learning
